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Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$	RE: 23-cv-22327 DE#8 Letter Order
Total Postage and Fees \$	
Sent To Nagreen Zaire Street and Apt. No., or PO Box No. C/O 28 Laurel Avenue City, State, ZIP+4 Irvington, NJ 07111	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions